

Printed 08/15/2001

APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NUMBER
09/560,836	04/28/2000	705	2162	204,307

APPLICANT
JAMES GROSSMAN, WESTPORT, CONNECTICUT.**CONTINUING DOMESTIC DATA*****
VERIFIEDNone**371 (NAT'L STAGE) DATA*****
VERIFIEDNone**FOREIGN APPLICATIONS*****
VERIFIEDNone

SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes O no O yes O no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	Examiner's Name: Initials	CT	26	39	6

ADDRESS
CANTOR COLBURN, LLP
55 GRIFFIN ROAD SOUTH
BLOOMFIELD, CT 06002TITLE
METHOD OF DISTRIBUTING PRINTED ADVERTISING

FILING FEE RECEIVED \$*****0	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
--	--	---



Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/560,836	FILING DATE 04/28/2000 RULE _	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. 204,307	
APPLICANTS James Grossman, Westport, CT ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 07/10/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY CT	SHEETS DRAWING 26	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 6
ADDRESS Abelman Frayne & schwab 150 East 42nd Street New York ,NY 10017-5612					
TITLE Method of distributing printed advertising					
FILING FEE RECEIVED 633	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		